

AVIATION SAFETY PROGRAM FLIGHT REQUEST AND MISSION PROFILE

Fermilab personnel who utilize aircraft in the performance of their duties must have PRIOR approval of the Directorate. (This does not include travel on commercial air carriers.) Fermilab personnel are not to be on aircraft to perform work activities unless it is "absolutely essential". Contracted services are to be utilized whenever possible so as not to put Fermilab personnel at risk. Aviation missions, which will transport Fermilab employees, shall be conducted in accordance with Fermilab Aviation Safety Policy. Documented proposals for aviation missions that will have Fermilab personnel on aircraft are to be submitted to the Directorate at least 15 days prior to the intended date of the flight. If mission requirements are conditional, (e.g., specifid seasonal weather conditions might dictate when atmospheric sampling can be performed) it is acceptable to indicate a window of time in which aviation missions are to be flown rather than specific dates. To secure appropriate approvals, persons requesting air services must submit a request to the Directorate at least 15 days prior to the proposed service. A Flight Request/Mission Profile Form, approved by the Directorate, must accompany Purchase Requisitions for aviation services. REQUEST# REQUEST DATE REQUESTER ID# **EXTENSION** MAIL STATION DIVISION/SECTION DEPARTMENT/GROUP MISSION PURPOSE (INCLUDE PROGRAMMATIC REASON FOR FLIGHT & JUSTIFICATION FOR FNAL EMPLOYEES TO BE ON AIRCRAFT) FLIGHT SCHEDULING WINDOW (CHECK ALL APPROPRIATE BOXES) JAN □FEB □MAR `□APR □MAY □JUN □JUL □AUG □SEP □OCT □NOV □DEC WILL AIRCRAFT LAND AT FERMILAB? IF AVAILABLE, INDICATE EXACT FLIGHT DATES AND TIMES ∃YES \square NO DATE IF YES. LOCATION OF LANDING? ○ Anthony Frelo Field ○ Other TIME NAME OF CONTACT LICENSE NUMBER P.O. NUMBER **AVIATION SERVICE PROVIDER** ADDRESS STATE ZIP CITY TELEPHONE TYPE OF AIRCRAFT TO BE REQUESTED IN THIS MISSION PROFILE: ☐ HELICOPTER ☐ SINGLE ENGINE FIXED WING ☐ MULTI-ENGINE FIXED WING OVERFLIGHT AREA North Half ☐ West Half ☐ NW Quadrant ☐ NE Quadrant ☐ Entire Site ☐ South Half ☐ East Half ☐ SW Quadrant ☐ SE Quadrant ☐ Other... **OVERFLIGHT AREA INFORMATION**

FORM CONTINUES ON REVERSE SIDE



FLIGHT REQUEST AND MISSION PROFILE

POTENTIAL AVIATION HAZARDS						If "other", explain here:
☐ High rise building ☐ Door open operation ☐ Antenna tower						
☐ Transmission lines ☐ Exterior camera mount ☐ Other						
☐ Low level flying (<1000') ☐ Low	flying v	vaterfow	·I			
HAZARDS MITIGATION	rd oboc	s c	Seat harn	000	If "other", exp	olain here:
☐ Horizontal separation ☐ On-boa☐ Vertical separation ☐ Seat re		_] Seat name] Other	ess		
□ Vertical separation □ Seat restraints □ Other DOE-ASSOCIATED PERSONS ON BOARD □ Other						
	TITLE				ORGANIZATIO	ON
WILL HAZARDOUS MATERIALS BE ON AIRCRAFT DURING FLIGHT? Yes No IF YES, DESCRIBE MATERIAL IN SPACE BELOW						
FLIGHT CONDITIONS	IED	WILLE	LIGHT DEVIATE	FROM FAA F	REGULATIONS	? ONO OYES
J1700 VIIC ()1700						
IF YES, IN THE SPACE BELOW EXPLAIN EXACTLY HOW IT WILL DEVIATE AND REASON(S) FOR DEVIATION						
THIS SPACE PROVIDED FOR ADDITIONAL COMMENTS/EXPLANATIONS						
FERMI AVIATION SAFETY OFFICER REVIEW (SIGNA	ATURE & D	DATE)	ES&H SECT	TION HEAD RE	EVIEW (SIGNA	TURE & DATE)
********* BELOW THIS LINE FOR DIRECTOR'S OFFICE USE ONLY. *********						
As the Fermilab official responsible for approving aviation operations in which Fermilab employees will be passengers on non-commercial carrier aircraft, I have reviewed this request and certify that						
the mission described is essential to the Fermilab Program. I also certify that the mission analysis						
has been completed. All credible safety concerns, potential hazards, and mitigating actions have been identified.						
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DIRECTORATE APPROVAL (SIGNATURE)			ACTION Approved	4 Not An		ATE
	lp/	ATE	☐ Approved	d Not Ap	proved	
FOR INFORMATIONAL PURPOSES O COPY OF COMPLETED FORM SEN	NLY,	71E				
DOE/FERMI GROUP						

2/99 ES&H Admin Form #13